

THE
BOSTON MEDICAL AND SURGICAL JOURNAL.

NEW SERIES.]

THURSDAY, MARCH 24, 1870.

[VOL. V.—No. 12.]

Original Communications.

**REMARKABLE CASE OF INJURY OF THE
BRAIN. DEATH ON THE TENTH DAY.**

By SHERMAN COOPER, M.D., Claremont, N. H., late
Surgeon 6th Regt. N. H. Vols.

[AN abstract of the following case was presented, some months since, to the Boston Society for Medical Improvement by Dr. J. B. Upham. It excited considerable interest at the time, and was deemed worthy to rank among the many remarkable cases of injury to the brain which have been brought to the notice of the Society within the last few years. At our request, Dr. Cooper has furnished his original notes of the case, and has kindly deposited the spike and a portion of the planking alluded to in his report, in the Museum of the Massachusetts Medical College.—Ed.]

On the morning of the 4th of December, 1868, I was called to see Edmund Seiger, about 28 years of age, who had fallen from a scaffold, 16½ feet high, in a barn, his head striking upon an iron spike which projected about two inches from the floor. This spike was made of wrought iron, with a flattened head projecting on either side from the shaft in the form of a T. It entered the head at the upper and posterior part of the right parietal bone, carrying before it a portion of the skull (an inch square) into the substance of the brain to the extent of about two inches. The skull was fractured likewise in a line extending from the point of the injury nearly to the right ear. This fracture allowed the bones to separate and close again, as the spike was driven through the skull, so as to button the patient firmly down to the floor.

Great injury had been done to the brain, before my arrival, in the attempts to extricate the head from this position—two strong men having exerted a good degree of force in attempting this, but in vain. The patient was finally released by splitting the

VOL. V.—No. 12

plank to which his skull was attached, an axe and a crowbar being used for this purpose. At the time of my arrival, about an hour and a half after the accident, the spike still remained in the skull. After removing this by careful separation of the parts, I extricated, by means of an elevator and forceps, the square piece of bone above mentioned, and subsequently four other smaller fragments, and raised the adjacent parts to their proper position. Immediately after this the patient was able to speak and to converse rationally. There was, however, a complete loss of sensation and motion on the left side. About seventy-two hours after, severe pain in the left arm and leg ensued, which lasted for half an hour, when almost instantly sensation returned and the pain subsided, but motion never returned. He continued in a rational condition, and wholly free from inflammatory symptoms, until the ninth day, his pulse never rising above 70 in the minute. On that day, however, the portions of the brain which had been broken down became separated and were discharged. From this time the patient rapidly sank, and died on the day following—the tenth from the time of the accident.

On examination after death, I found that the substance of the brain had been very much broken up for a space of about four inches in diameter and two inches in depth, caused by the patient's being violently wrenched and twisted around while spiked to the floor.

The spike measured 3½ inches in length and 1½ inches across.

February, 1870.

**SYPHILITIC STRICTURE OF THE
CESOPHAGUS.**

By W. A. GILLESPIE, M.D., Louisa Co., Va.

WRITERS for medical journals generally, in publishing ordinary and extraordinary cases and surgical operations, fail to give subsequent or final results. I will therefore call the attention of your readers to a case of syphilitic stricture of the cesophagus operated

[WHOLE No. 2199]

on by me in February, 1869, and published in your JOURNAL Dec. 16, 1869, New Series, Vol. IV., No. 24. That case, from being one of great agony and torture, with constantly threatened fatality, was immediately relieved, with a comfortable and improving condition up to the present time. Here-with is an extract from an unsolicited letter from the patient, which I give verbatim (excluding only some very highly flattering and thankful expressions to myself, which might seem egotistical in me to publish). The patient lives about fifteen miles from me, in Orange Co.; his case was of several years' duration.

"JANUARY 25, 1870.

"My kindest of Friends,—The Medical Journal containing report of operation on my throat was received this morning. * * * * My throat has been less inclined to ulcerate since your operation than it ever was before, but is still disposed to contract. I avoid any inconvenience from it, however, by the frequent use of the instrument you directed. I suffer greatly sometimes with pains in the bones of my head and limbs, but I find iodide of potash a sovereign remedy for that as well as ulceration of the throat. One remarkable thing about my disease is that these pains always cease when my throat ulcerates. I am never afflicted with both at the same time."

I learn from the patient's friends that he is comfortable and improving. This case originated in syphilis and a profuse salivation. If your readers will turn to page 378 of the July number for 1869, they will see a mild case reported by Dr. Sinclair, treated successfully by the use of a probang, iodide of potassium, &c. Two cases are referred to by Dr. Langston Parker in his work on syphilitic diseases, London, 1860; both cases died, exhausted from inability to swallow food, and it does not appear that there was any surgical attempt at relief.

March 7, 1870.

ON THE TREATMENT OF SYPHILIS BY SUBCUTANEOUS INJECTION OF SUBLIMATE. VIEWS OF THE VIENNA SCHOOL.

Translated by J. C. WHITE, M.D.

[In connection with what has already appeared in the JOURNAL upon Lewin's method of treating syphilis, the results of its use in the two great clinics of Vienna may be of interest. The following extracts from the annual report of the General Hospital of that city are taken from the last number

of the *Archiv für Dermatologie und Syphilis*.]

In the clinic of Prof. Hebra the method was employed upon 20 males and 20 females. Although the abscesses, at the point of injection, were of a mild character and appeared in only a few of the cases, and although the patients did not in general object to the fresh pain which was daily inflicted upon them, he could not bring himself to continue the treatment. Its effect upon the syphilitic symptoms was later in manifesting itself, as a rule, than by inunction with unguentum cinereum. Against individual symptoms, such as pains in the head and joints, the employment of the usual remedies, as iodine, could in no way be given up, and relapses were as often observed as in other methods of treatment. Inasmuch, therefore, as this method acts less quickly and surely than those hitherto employed, and appears to have no effect against some of the symptoms—of the disease, and, finally, as it always gives rise to pain and occasionally to abscesses also, Hebra concludes that the method cannot be especially recommended.

In Sigmund's clinic the injections were practised upon more than one hundred patients, affected by nearly all forms of syphilis. The solution employed for injection was of about the same degree of concentration as that used by Lewin—four grains to the ounce of distilled water. In the beginning twelve grains of this solution were injected once or twice a day; afterwards, twenty-four grains once a day. The regions which showed themselves best adapted to receive the injections were, as Lewin recommends, the sides of the thorax, the groins, the buttocks and the upper arms. Attempts to enlarge these limits led to unfavorable results. Neither the outer, front, or inner surface of the thigh, nor the upper scapular space were found fitted for the injections. On the thigh severe phlegmonous inflammation and abscesses formed about the point of injection. Special attention was directed at the beginning of treatment and throughout to the care of the mucous membrane of the mouth. Cleansing by the nasal douche, by gargles, and by the application to the gums of tincture of rhatany and galls was energetically carried out, and to this alone is to be attributed the prevention of those severe cases of stomatitis which Lewin met with. Without the observation of such rules it would be often impossible to carry out the treatment. It excludes, therefore, patients with

caries of the teeth and poor gums, as well as those who are weak and poorly nourished.

The results of the treatment were often very favorable; severe forms of syphilis healing within a noticeably shorter period than by any other method of treatment. This, with its precision, ease and convenience of application, prevented a full estimation of the evils which were noticeable from the first, such as the painfulness of the injection, the formation of abscesses although seldom, and the difficult prevention of stomatitis. But if these disadvantages are not sufficient to counterbalance the advantages of the method, the latter would be more than outweighed by the relapses which so soon show themselves, or, in other words, by the farther development of syphilis. In nearly all the patients who could be kept for any considerable time under observation, these relapses appeared, and much sooner than after any other method of treatment. The obstinate nodules, often exceeding a hazelnut in size, which so readily form at the points of injection on the buttocks, are likewise more than dark points in the method. However much it may be regarded as an enrichment of our therapeutics, it can in no way compete with the inunction-cure.

CASE OF FATAL POISONING FROM THE EXTERNAL APPLICATION OF MERCURIAL OINTMENT IN A CASE OF SCABIES.

Reported by Dr. Leiblingen, of Tarnopol, in the Wiener Medizinische Wochenschrift for Dec. 1, 1869.
Translated by HENRY TUCK, M.D.

ONE morning in January last, three persons were found dead in bed. They were in good health the day before, and had been rubbed all over with a mercurial ointment for the cure of scabies. The room in which the three bodies were found was damp and very poorly ventilated. Autopsies were at once made on all the three bodies, but as the appearances and results in each case were identical, an account of only one will be given.

External appearances.—W. R., 18 years old. Hair dark brown. Eyes blue, pupils dilated. Chest well developed. Abdomen normal. The teeth were covered with tartar, the gums were shrunken away from them, of a deep greyish blue color and much swollen. The mucous membrane of both upper and lower lip was swollen and blue, and deprived of its epithelium. The smell from the mouth was very offensive. The

integument of the whole body was in many places of a dark violet color. On the hands, feet, breast, belly and back, were here and there dry brownish spots as large as a pea, where the burrows of the itch insect had been. Otherwise, with the exception of patches of ecchymosis on the back such as are usually seen after death, there were no marks on the body or any appearance of violence having been inflicted.

Internal appearances.—The integument of the cranium was filled with blood, the bones of the skull thick and compact, and the dura mater, the sinuses and the pia mater, as well, gorged with dark, almost black, fluid blood.

The cerebrum and cerebellum and all their vessels were completely full of dark fluid blood, so that the whole brain was of a deep red color. On cutting the brain, the substance of both cerebrum and cerebellum had scattered through it spots, as large as a pea, where there was effused blood. At the base of the skull there was a considerable quantity of fluid blood.

The thyroid gland and the mucous membrane of the glottis and trachea were saturated with blood.

Both lungs were slightly adherent to the walls of the thorax, greatly congested, of a dark bluish-red color, and on being cut into poured out a considerable amount of fluid, frothy blood. The pericardium was distended, and contained two ounces of bloody fluid. The heart was flaccid, and contained a considerable amount of dark fluid blood. The liver and spleen were both dark colored and greatly congested. The stomach was greatly distended, but was not opened, as its contents were saved for chemical examination. The intestines were normal. Both kidneys were much congested. The bladder was distended.

The following parts were saved for chemical examination:—The stomach and its contents; a portion of the lungs; a piece of the intestines, large and small; one kidney; a piece of the liver; a piece of skin, to prove that some ointment had been rubbed on.

Results of the Autopsy.—It is proved beyond question that W. R. died a sudden death, due to congestion of the brain and its membranes, and of both lungs, to cerebral and pulmonary apoplexy and consequent paralysis of these organs. The brain and its membranes were found filled with dark fluid blood; the substance of the brain, on section, showed numerous points as large as a pea, where effusion of blood had taken place (cerebral apoplexy), and both lungs were gorged with blood, and

on being cut into poured out frothy blood in considerable quantity (pulmonary congestion). It is proved that W. R. had scabies, and that his body had been rubbed with some ointment. Some of this ointment was saved, and could be seen at a glance to be composed of quicksilver, cinnabar and other substances. The swelling of the gums and the deposit on the teeth were proof that mercury had been absorbed by the blood.

Conclusions.—In the ointment which was used, and in the lungs, kidney and skin, chemical analysis disclosed metallic mercury in considerable amount, proving that the mercury, after being rubbed into the skin, was absorbed into the circulation and thence deposited in the internal organs.

Mercury, when rubbed into the skin in large amounts, is very quickly absorbed and passes into the circulation. The blood is charged with the metal, which either after slow absorption in small amounts produces diseases due to cachexia, or absorbed quickly in large quantity produces death, due to paralysis of important viscera.

Both the autopsy and the chemical analysis proved that the death of these three persons was produced by paralysis of the brain and lungs, consequent upon poisoning of the blood by mercury absorbed from the skin which had been rubbed with a mercurial ointment, in the preparation of which it was admitted that nine (9) ounces of quicksilver were used.

It is a fact of especial interest, that the same pathological appearances were found in all three of the bodies, namely, hyperæmia of all the viscera of the body and fluidity (non-coagulation) of the blood.

Selected Papers.

THE GLASGOW INFIRMARY AND THE ANTISEPTIC TREATMENT.

From the London *Lancet* of Feb. 5, 1870, we copy the following communication signed by Joseph Lister, of Edinburgh:—

In a letter addressed to you by the Managers of the Glasgow Infirmary through their secretary, it is affirmed that I have made unfair statements in a paper which you lately did me the favor to publish; and I fear that if this charge were to remain unanswered it might shake the faith of the profession in my testimony. I will, therefore, proceed to notice in succession the various points of this communication.

In the first place, statistics are adduced to show that the surgical hospital has not been an unhealthy one as compared with other similar institutions. But my statements referred, not to that building as a whole, but to the lower wards of it, and especially to those on the ground floor. I was well aware that the wards in the highest story were very healthy ones, as might be expected from their elevated position raising them above the sources of mischief in the adjacent ground. But the unhealthiness of the ground-floor wards in former times was well known to the managers, and is but too plainly indicated by my statistics of amputation, which I confess I felt somewhat humiliated in publishing. I believe I have not been guilty of any exaggeration in speaking of those wards as "some of the most unhealthy in the kingdom" before the introduction of the antiseptic system. There is one point with regard to the figures given in the latter which is extremely satisfactory to myself—viz., that they serve to contradict, on competent authority, an anonymous statement which was made some time ago in one of the medical journals, and has been repeated *ad nauseam* in various quarters, implying that the use of antiseptic measures in the Glasgow Infirmary had led to an increased mortality. The statement, which was said to be founded on the hospital records, I could hardly have contradicted, although it was entirely the reverse of the truth as regarded my own department, without appearing to cast a slur upon the practice of my colleagues. But I rejoice to find that, taking the results of the practice of all the four surgeons of the hospital, the death-rate during the three years of the antiseptic period has been less by fully one-fifth than during the five previous years.

In the second place, "the directors positively deny" my statement that, at a certain period, I "was engaged in a perpetual contest with the managing body, who were disposed to introduce additional beds beyond those contemplated in the original construction"; and this denial is supported by an allusion to an arrangement made by the directors in 1866 regarding the number of beds in each ward. But some of the managers now in office were not connected with the institution during the period to which I refer, which was between 1861 and 1866. The word "contest," though perhaps an unfortunate one, expresses but too well the perpetual struggle which I at one time maintained, not, indeed, as a general rule, with any of the managers personally, but with the superintendent, who acted on

their behalf, and who, being an exceedingly gentlemanly man, found it very difficult to please both parties. The excess of beds beyond what appeared to me right was chiefly in the form of cribs for children, no less than six of which, if I recollect rightly, were at one time introduced into my female ward with the object of making it serve the purpose of a children's hospital. And as there must always be several children in such a ward, the effect was practically much the same as if six additional beds for adults had been placed there. A gentleman who was formerly my house-surgeon could tell how, being once left in charge in the superintendent's absence, he exerted his temporary authority in removing the extra beds; and, the change effected by this expedient being afterwards maintained by dint of constant vigilance on my part, my wards presented for the next two years and a half a striking contrast to all other wards in the house. The new arrangement by the managers in 1866 was, as regards the hospital generally, a great improvement, but it did not come up to my own idea, nor to that which I had previously succeeded in carrying out; and if it had been strictly enforced, my wards, instead of benefiting like others, would have had additional beds introduced. In my female ward, I contrived to evade it, by stowing away empty cribs in a private room; and in my male accident ward, the previous arrangement was happily left undisturbed, so that it contained, and I believe still contains, two beds less than the other ward of the same size on the same floor. Thus, with reference to the subject of my late paper, it is very important to observe that, during the three years preceding the antiseptic period, my wards contained precisely the same number of patients as they did during the three subsequent years, which presented so striking a contrast with them in salubrity, except only that, as stated in my paper, the nurse of my female ward was of late allowed to re-introduce the unused cribs, and also to put two children in one bed, in consequence of the healthiness of the inmates.

When speaking of the struggle above mentioned as a contest, I intended nothing disrespectful to the managers. Each party had a laudable object in view. They desired to accommodate as many patients as possible, while I was very anxious that those who were admitted should have favorable atmospheric conditions; and these two laudable objects were for a while antagonistic.

In this connection the letter proceeds to

say, with what relevancy I do not understand, of my keeping patients longer in the hospital than other surgeons; and it is stated that, in my male accident ward (24), which is that to which I have especially referred, only about two-thirds of the number were under treatment that were admitted into the corresponding ward (23) on the same floor. In making this statement, the author of the letter has strangely overlooked the fact that, partly in consequence of two additional beds in the body of the ward, and partly from the existence of three private rooms in connection with it, such as have nothing to correspond to them on the other side of the house, ward 23 contains twenty-one beds, while ward 24 has only fifteen; a difference in accommodation which nearly accounts for the differing numbers of the patients.

Had the proportionate numbers been still less in my ward, I should not have been surprised, because the great mortality which ward 23 at one time presented led to the premature dismissal of patients in a way most undesirable. But the fact that a nearly equal number in proportion to the beds were treated in my ward, in spite of the long detention of some cases of serious injury which, but for the antiseptic treatment, would have received a too early dismissal, tends to prove, what I have long believed, that the rigid enforcement of the antiseptic principle, by hastening the cure of the majority of the patients, more than compensates for the long detention of exceptional cases.

Some abscesses connected with diseased bone, treated in the chronic and female wards, certainly proved extremely tedious, and severely tried my patience, as well as that of the managers. But I have the satisfaction of knowing that several persons once affected with suppuration of the hip-joint or vertebrae, are now useful members of society, who would, as I believe, have been most of them long since in their graves had I not perseveringly carried out the antiseptic treatment.

I am next charged with inconsistency for having shown a strong desire to be continued in office as surgeon to the infirmary in 1869, whereas I had previously felt it a questionable privilege to be connected with the institution. But seeing that the wards had, in the interval, undergone a total change from great unhealthiness to the very reverse, the whole ground of my previous feeling regarding them had ceased to exist. Not that in using the expression "questionable privilege" I intended to con-

vey the idea that I had at any time actually contemplated resignation of the office. Its importance as a means of instruction would undoubtedly have induced me to retain it even if I had continued to suffer the bitter anxieties and disappointments which the unhealthy state of the wards formerly occasioned.

The letter then points out a mistake which I made "when speaking of the male wards as being on a level with the ground behind the hospital, the fact being that the ground is from 12 to 15 feet below the floor of the lowest wards." Here I inadvertently committed an inaccuracy, though not to the extent above indicated. I judged roughly from the appearance of the ground as seen from the back windows of my ward (24). But it turns out, from an estimate which I have had made, that there is a difference of level of between five and six feet between the floor and the ground; and in the case of ward 23 the difference amounts to nearly twelve feet, in consequence of a slope in the ground, which, as I never looked out of those windows, had escaped my notice. But the mistake is not one of very material moment.

The next paragraph in the letter I am compelled to quote entire: "With reference to the cleaning of the wards which Mr. Lister had charge of, the same cleansing was applied to them as to all the other wards in the house." This statement positively astounds me. Certain it is that my wards were not subjected to any annual cleaning during the three years of the antiseptic period. The sentence therefore must be interpreted as meaning that all the other wards were similarly left undisturbed. But the author of the letter must surely have a lively recollection of the fact stated in my paper, that in the latter part of the first year ward 23 was cleared out and shut up entirely for a while on account of its great mortality; and I was present, by desire of the managers, at a conference which they held with the medical officers, with the view of eliciting any suggestions as to how the walls, &c., might be treated so as to prevent similar infection for the future. As to what has taken place in other wards I do not know from personal observation; but I was informed, through trustworthy sources, that some at least had been emptied and thoroughly cleansed once, if not oftener, in the course of the last three years.

I am next said to have "fallen into a grievous mistake as to the pit-burying" in the cathedral churchyard. The pit which I saw is stated to have been "about sixty

yards to the north-east of the hospital," and "such interments were not made there till January, 1869." With regard to the former point, I have said in my paper that the grave in question was "a few yards only from the windows of the surgical wards." I know that, as I stood beside the pit, it seemed most uncomfortably near the hospital; and, after all, sixty yards are not many for the distance of such a neighbor. As to the second point, it is, I fear, the author of the letter who has fallen into error. Considering the enormous number of bodies that are said to have been so buried in that locality—for, to quote again an extract from *THE LANCET* copied from one of the Glasgow newspapers, "the Dean of Guild is said to have computed that five thousand bodies were lying in pits holding eighty each . . . around the infirmary"—it appears utterly incredible that all should have been placed there within a twelve-month. But, besides this inference, I have evidence, from inquiry made from eye-witnesses, that the process of pit-burial has been going on for many years past in the same burying-ground, if not in the identical spot where I saw it.

Finally, it is said that "the directors have no intention of discussing the effects of the antiseptic treatment; but, in their opinion, which is shared by those of their number belonging to the medical profession, the improved health and satisfactory condition of the hospital, which has been as marked in the medical as in the surgical department, is mainly attributable to the better ventilation, the improved dietary, and the excellent nursing, to which the directors have given so much attention of late years." I cannot believe that the author of the letter has here represented faithfully the sentiments of the medical members of the board of management. Some of them have, to my knowledge, a very different opinion of the antiseptic treatment from that which is implied in the above passage. And to suppose that the kind of change which I have described as having taken place in the salubrity of my wards can be attributed to the causes referred to, is simply out of the question. As regards the ventilation of those wards, it remains precisely as it was, with the exception of a freer access of air to the back of the hospital, in consequence of taking down the high wall, as mentioned in my paper; and this was not done till my patients had been already for nine months perfectly free from hospital diseases. As to nursing, my department was not affected by the change that occurred. I was fortunate enough to have excellent nurses from

the commencement of my connection with the infirmary, and I continued to have such to the last. And as to the dietary, the idea that a mere improvement in rations would abolish pyæmia, erysipelas, and hospital gangrene, is one which would hardly enter the mind of an intelligent medical man. In speaking thus, I do not wish to undervalue the improvements which have been introduced of late years into the system of management.

In conclusion, I must express my regret at appearing in collision with a body of gentlemen for whom I entertain sincere respect, and from whom I have always received consideration and kindness. Finding myself in possession of a mass of evidence which appeared to me to be of great importance to the community, I felt it my duty to publish it in detail. And looking back upon the manner in which my statement was made, I do not see in it any just ground of offence, except, perhaps, the unfortunate word "contest," which, as I have explained, was not intended in any disrespectful sense. With that exception, I have not said anything which could be construed as in the slightest degree reflecting on the managers. When mentioning the interments near the hospital, I pointedly alluded to the energetic and praiseworthy exertions of the directors to suppress or mitigate the evil. Had I spoken of the unhealthiness of the wards as something which could not be avoided, it might with some justice have been objected that I had cast needless discredit upon the infirmary. But when I mention it as a thing of the past, and show that for three years those wards have been more free from hospital diseases than, I suppose, any other surgical wards in the world, I have surely thrown credit, not disgrace, upon the institution over which the directors so ably preside, and to which I am myself so deeply indebted.

A PARIS *pharmacien* has been lately condemned by the Correctional Tribunal of the Seine to pay a fine of one hundred francs, with costs, or suffer imprisonment for forty days, for supplying a bottle of Cinchona Wine, of the French *codex*, instead of "Seguin's Cinchona Wine," which was ordered, in prescription, by a physician. In addition to fine or imprisonment, the unfortunate druggist has to suffer copies of the judgment of the Tribunal to be displayed on his door, and at the shops of nine other pharmacians who reside in the vicinity.—*Canadian Pharm. Journal*.

Medical and Surgical Journal.

BOSTON: THURSDAY, MARCH 24, 1870.

THE MEDICAL SOCIETY OF THE DISTRICT OF COLUMBIA ONCE MORE.

We have received a copy of the *National Republican* marked with the initials J. M. T., and containing a lengthy communication by A. Y. P. Garnett, M.D., entitled "Letter from Dr. Garnett in reply to Senator Sumner." Respect for Dr. Toner requires of us a notice of this well written but caustic article. Otherwise we might perhaps have properly dropped the subject with the statement of the points in dispute, which we gave in our issue of the 3d instant. We take this occasion to recognize the disinterested and devoted labors of Dr. Toner in behalf of the profession; and we regret to entertain a different impression from his of the merits of the controversy.

The letter of Dr. Garnett takes up four points "as made by Mr. Sumner" in his "report against the Medical Society of the District of Columbia." Number 1, referring to the fact that the charter does not require any test of membership on account of color; and number 2, concerning the relation of the voluntary "association" to the chartered "society," have received no new developments—that we can discover—at the hands of Dr. Garnett.

"The third point made by the Senator," Dr. G. says, "is, that the negro doctors of this District, by the conduct of the Society, are debarred from consulting with its members, embracing as it does nearly every white practitioner in the District. To this we have only to repeat what Mr. Sumner is as fully aware of as ourselves—that the medical society has no control whatever over this matter, the subject being exclusively under the jurisdiction of the *Association*. We will, nevertheless, add that the charge is practically a false one, since it is well known and acknowledged indeed, in the report itself, that the white members of the Society did consult with these negro doctors as far back as June, 1868, and that many of them have habitually done so for the last two years without any notice of their conduct whatever having been taken by the Association; so that in point of fact, these malcontents have not even that pretext upon which to rest a complaint."

When Dr. Garnett states that "*the white members of the Society*" consulted with "*these negro Doctors as far back as June, 1868,*" his language is not to be taken, we presume, as indicating that none of the white members at or since that date refused to consult with the colored licentiates of the Society; because, in that case, his declaration would conflict with certain testimony before the Congressional Committee, which we quoted in the JOURNAL of March 3d, and a passage from which we shall presently reproduce. Those members who did consult with the parties in question, did so in violation of the rules of the Association, thinking probably such regulations, under the particular circumstances, more honored in the breach than in the observance. We may suggest here, parenthetically, that consultation authorized is not consultation obligatory. The passage we have referred to is as follows:—

"Dr. Augusta, formerly an army surgeon and brevet lieutenant colonel, states that members of the medical society have repeatedly refused to consult with him, alleging as a reason that the laws of the society prohibited them from doing so. He then relates that in June, 1868, while in attendance upon a patient, the family desired that Dr. Garnett should be summoned. The messenger who went for him reported that he was out of town, but that Dr. Drinkard, who was in charge of his practice, said that he could not consult with Dr. Augusta, as the latter 'did not belong to his society,' but that he would take the case, which proposition was declined by the family, and Dr. Bliss, well known for his liberal nature, was called in, who consulted with Dr. Augusta, the society to the contrary notwithstanding. Dr. Augusta adds:—Dr. Garnett 'has taken two of my patients while I was attending them, and without any notice to me, except that at my next visit I was informed that Dr. Garnett was attending.'"

Dr. Garnett proceeds thus:—

"The fourth point made is that the negro doctors are excluded from the advantages of taking part in and listening to the discussions of medical subjects in the Society, one of the objects contemplated by the charter being the advancement of medical science, &c.

"We thus learn for the first time that the Society, which is required by its charter to

meet but twice a year for the election of officers, rested under any obligation to constitute itself a school of medicine for the instruction of any one, white or black. Such discussions as have usually transpired in that body are entirely of a voluntary character, an interchange of professional opinions, reports of interesting cases, and so on, for the mutual benefit and entertainment of its members, entirely independent of any chartered requirements, restrictions or prescribed formulæ whatever, a practice which we can at any moment abolish, when it may be our pleasure to do so, and which we most assuredly should do whenever Congress sees fit to step into the arena."

The discussions, the interchange of professional opinion, and the reports of interesting cases which are usual at medical gatherings, and which have been features of the "Association" at Washington, are of greater or less value according to circumstances. That the negro physicians have been deprived of the benefit of these is tacitly admitted in the preceding paragraphs, and such deprivation seems to us very much of the nature of civil—and uncivil—disability on account of color. The special plea that it is now for the first time learned that the Society rested under any obligation to constitute itself a school of medicine for the instruction of any one, white or black, may be answered by pointing to the fact that the gentlemen composing the "Society," when assembled under the name of the "Association" (from which the blacks were excluded by a majority of the ballots cast), took the trouble to interchange their opinions, report interesting cases, and so on. And it would be very uncomplimentary to those scientific utterances to suppose that they were not instructive to the white members. Technically, the Society and the Association are to a certain extent distinct. But, between the two, as we formerly said, the practical result has been that certain colored men, having been regularly licensed as practitioners of medicine within the District, have yet been deprived of advantages for professional improvement enjoyed by white physicians in the same place. It is also alleged that they have by the same means, in some instances, lost the benefit of consultations.

The communication concludes as follows:

"I do not hesitate to say that I am unalterably and eternally opposed to all social commingling of the two races, but believe that the line of demarcation established by the Deity cannot be too sharply drawn or too faithfully and jealously observed. Let each go on and work out its destiny in its own sphere, equally protected by the law. A few words, Mr. Editor, in regard to the special charge made against me, and I will trespass no further upon your kindness. The particular instance referred to by the Senator, of my having acted in an unprofessional manner towards one of these negro doctors, occurred in the family of a very old and highly-esteemed colored friend of mine, and to gratify whom I consented to visit the patient alluded to. The circumstances justifying my attendance in that case are sufficiently set forth in the note hereto appended, addressed to me by the father of the patient. It is not necessary, therefore, that I should make any comment except to add that I have never received, nor did I expect to receive, any pecuniary compensation for my attendance.

"Respectfully,

"A. Y. P. GARNETT, M.D.

"WASHINGTON, March 5, 1870.

"DR. A. Y. P. GARNETT—Sir: I answer your request desiring me to give the facts how you came to be called to attend my child during the last day and a half of her life, as you are charged with interfering with Dr. Augusta's practice, and my case cited.

"The morning of the day before my child died, Dr. Augusta left my house, saying he would be back by noon. He did not come until about four. My child dying and in such great agony, about two o'clock I went after you, told you how sick she was, and asked you to come and do what you could, as I did not intend to have Dr. Augusta any longer. You replied that you did not want to interfere, and at last consented to do what you could (as a friend of my brother's and his physician for nearly twenty years). After your arrival you was very particular in what you said, saying Dr. A. and me being colored, your remarks would be construed wrongly; that you thought Dr. A. had done all that could be done (as all doctors lose patients), and you did not intend to criticize his treatment.

"I am sorry, sir, you have been unjustly accused on my account, and shall ever feel grateful for the attention you paid my child, and only regret I did not call you at first, as perhaps my child would not have

been so improperly treated. I will also say that you were my physician long before I knew Dr. A. Yours gratefully,

"DAVID L. WATSON."

In this concluding portion of his letter Dr. Garnett fully establishes the fact of his kindly interest in the colored family Watson. But there is no denial of unprofessional conduct toward one of the licensed practitioners in question. It is also apparent, *prima facie*, that if the consultation had been accorded the treatment of the patient might possibly have been advantageously modified.

On one point our feelings are too much for us. We must free our mind. We confess to a sense of the ludicrous when we think of the medical man, benevolent but of Caucasian lineage, entering the chamber of the negro patient (who is surrounded by anxious relatives with their sable hue), looking wise over his benignant spectacles, actually feeling the pulse, perhaps even applying the auscultatory ear to the dark-skinned chest, and then refusing as a contamination the exchange of a word of professional advice with the educated African, who has been licensed to practise medicine by the same fraternity which qualified the consulting Doctor as a regular physician in the place of his residence. Do the rules of the association forbid? Make a virtue of necessity, then, and change them! Are we really dealing here with an instinctive repugnance to personal contact or proximity; or is it a question of Brahmin and low caste in the medical department of the Republic of Letters?

MR. EDITOR,—I have just received a letter from Prof. Gunn, of Chicago, in which, referring to my article on Reduction of Dislocations, he says, "You are not quite correct in your statement that I limited the principle to the dorsal variety in hip-joint luxations;" and further on, "Is it not more probable that your question related to the application of the principle to luxations of other joints?" This was not my question, but from the Doctor's present statement he probably so understood me. I certainly intended doing Prof. G. ample justice, and am very sorry to have misunderstood him, but from the fact that in 1854-5 in his teachings he only spoke of the dorsal and ischiatic luxations in connection with un-

torn ligament, that these were the only forms illustrated on the cadaver before the class, and that the rules which he then gave for reducing the pubic and thyroid varieties corresponded with those of the books, and furthermore, that in his published paper he used this language:—"This principle can be successfully applied to the *backward* luxation of the femur into the ischiatic notch, and to the *several* luxations of the shoulder" (the italics are mine), I think it not at all strange that I should conclude, what the sentence just quoted seems to imply, that he restricted the application of the principle for one joint and not for the other. In my paper, when I use the term "upward and backward luxations," I include both the dorsal and ischiatic forms of dislocation. It is true that Dr. Gunn's main proposition is stated in general terms both for hip and shoulder, and I am happy to be able to state by his own authority that he did apply the principle much earlier than I supposed to all the displacements of the coxo-femoral articulation. Yours truly,

WM. WARREN GREENE.

Portland, March 14, 1870.

RESPONSIBILITIES OF MEDICAL EXAMINERS.—

* * * * Physicians should understand that they take a responsibility of a very grave character upon themselves when they examine a risk. To illustrate this, we shall extract from the *Insurance Monitor* some facts relating to the recent suit of the Manhattan Life Insurance Company against Dr. Robert White, of Boston, to recover \$10,000 which was paid him by the Company upon life policies issued upon Edward Delaney. These policies were issued in 1863, and were shortly afterwards assigned to Dr. White. About two years after this Delaney died, and the money due on these policies was paid to Dr. White. There were other policies, to the amount of \$10,000, issued by another company, and assigned to Dr. White. The ground upon which the plaintiffs sought to recover back this money was that fraudulent representations were made by Delaney in his application for life insurance, and that these representations were made with the knowledge and participation of Dr. White. In answer to the questions in the application, Delaney stated that he was a native of Ireland, was 28 years of age, that he lived in North St., where he kept a saloon. In answer to the question whether he had an habitual cough, he gave a negative answer, and to the question whether he was accustomed to drink li-

quor, that he "took a drink occasionally, but was strictly sober." The principal grounds upon which it was contended by the company that these representations were false, were that he had had an habitual cough, had raised blood, and exhibited other marks of consumption, and was habitually intemperate.

The plaintiffs called a number of witnesses upon this point, including the wife of Delaney and her two sisters, and the representations of Delaney and the defendant White, in writing, were put in. On the other hand, the defendant called an equal number of witnesses, who testified that they knew Delaney well, and were accustomed to see him constantly, and that he had no habitual cough and was not intemperate.

The case occupied seven days in trial, and was finally decided in favor of the company, to whom a verdict of \$12,175-01 was given, being the full amount, with interest.

Though this may be a case with some aggravated features, it is vain to deny that the competition of companies, the solicitations of agents, and the temptation of sharing premiums, or the fear of offending individuals, frequently leads to a less conscientious examination than should be the case. The plan of classifying risks, when properly carried out, would accommodate all and imperil none, and doubtless would be better for all in the long run. In the meanwhile we urge the most uncompromising impartiality in examinations on all physicians.—*Med. and Surg. Reporter.*

A medical friend suggests that this matter of life insurance needs looking into. We suspect it does in more directions than one. But as the point in question, now, is one of dollars and cents to the insurers, we presume that the companies which are themselves sound will learn to receive no medical certificates except from physicians specially authorized to issue them by their own regularly appointed examiners. If they do not protect themselves in some such way, they deserve to lose.

COMPLIMENTARY NOTICE OF DR. DURKEE'S WORK ON CUTANEOUS DISEASES.—In the *Journal of Cutaneous Medicine and Diseases of the Skin*, edited by Erasmus Wilson, F.R.S., is an extended notice of a book entitled "Contributions to Dermatology," &c., by Silas Durkee, M.D. We quote the

opening and closing passages of the review:—

"Silas Durkee is a name thoroughly well known to dermatologists in every part of the world, and not better known than respected by all those who have the good fortune to peruse his writings. That which stands at the head of the present review is a re-print from the pages of the *Boston Medical and Surgical Journal*, and is devoted, as its name imports, to a selection of dermatological subjects, subjects of prominent and very considerable interest."

* * * * *

"We have endeavored to show our appreciation of our colleague, and our estimation of his ability, by the careful digest we have given of his opinions and practice; and we take heart for the progress of practical dermatology when we find able men like Dr. Durkee applying themselves earnestly to the advancement of our science, by the investigation of the common diseases of the skin."

The report of the Trustees of the Massachusetts General Hospital for 1869, says:—

There has been nothing of special or marked importance in the history of either of our institutions, during the past year. The appropriate work of the Hospital and Asylum has been going quietly and successfully forward, under the able management of Dr. Shaw and Dr. Tyler, with their faithful and valued assistants, aided by the constant supervision, and weekly visitation of the Trustees.

By the report of the resident physician, for the year 1869, we learn the following facts:—

Number of patients in the Hospital Jan. 1st, 1869: paying, 31; free, 96; total, 127.

Discharged during the year, 1392—males, 883; females, 509; as follows:—well, 771—males, 497; females, 274. Much relieved, 125—males, 67; females, 58. Relieved, 227—males, 142; females, 85. Not relieved, 78—males, 44; females, 34. Not treated, 67—males 41; females, 26. Dead, 107—males, 79; females, 28. Insane and eloped, 17—males, 13; females, 4.

Number of patients remaining, December 31st, 1869, 125—males, 72; females, 53. Paying, 25. Free, 100. Medical, 69. Surgical, 56.

Proportion of deaths to the whole number of results, 7.70 per cent.

Number of patients received on account of recent accident, 93.

Out-patients.—Six thousand, nine hundred and fifty-three (6,953) persons have been treated as out-patients, receiving advice, medicine, surgical attendance and dental treatment. Among the cases were 144 of dislocation and fracture, 38 tumors, 125 lacerated and incised wounds, 80 felons, 138 abscesses, 179 contusions and sprains, 114 ulcers, and 22 cases of hip and spine disease. 302 patients have been treated in the Department for Skin Diseases, and 931 have had teeth filled and extracted in the Dental Department. 2,993 were males; 3,960 were females. 3,297 were Americans; 3,656 were Foreigners.

From the report of the Superintendent of the McLean Asylum for the Insane, we take a few passages.

Upon the first of January, 1869, the Register of the Asylum showed the names of one hundred and seventy-six persons—eighty-one males and ninety-five females. During the year there have been one hundred and eight admitted—sixty-four males and forty-four females; making the whole number under treatment two hundred and eighty-four—one hundred and forty-five males and one hundred and thirty-nine females. During the same time there have been one hundred persons discharged—fifty-four males and forty-six females. There are now remaining, one hundred and eighty-four—ninety-one males and ninety-three females.

Of the persons discharged, fifty-one were considered *recovered*—twenty-three males and twenty-eight females. Eight—five males and three females, were *much improved*. Twelve—ten males and two females, were *improved*. Eight—five males and three females, were *not improved*. Three were registered as having had an *insufficient trial*; and eighteen—nine of each sex—have *died*. The weekly average of numbers has been one hundred and eighty-seven.

The proportion of recoveries to the whole number discharged, is larger than usual. The deaths have been fewer than for a number of years. Several of these have been from exhaustion by the uncontrollable excitement of acute disease; the greater number, however, have as usual been the result of chronic insanity.

Mania, reaching in many cases to extreme excitement, has been the prevailing type of disease, just as its opposite, melancholia or depression, has marked the larger number of cases received for a few years previously. We have no epidemic, and very little sick-

ness of any kind, aside, of course, from the ruling disease of the brain. We have been free from any of those accidents to which this fearful disease so often leads. * * * *

In the way of entertainments, we have had several concerts of the highest musical excellence, by amateurs whose names are well known to you. "The Chickering Club" also gave us a very choice out of door concert in the summer. The music was a great pleasure. The kindness which prompted its giving was very grateful to our people. Mr. Moorhouse, to whom we have been often indebted, with his sons, gave us a very interesting concert; and the Mendelssohn Quintette Club also, one which was greatly enjoyed. Prof. L. B. Monroe entertained our household in a very delightful way, during an afternoon, by his reading, and by his illustrations of the perfection and imperfections of the human voice. In the summer we enjoyed several charming excursions in the harbor, by the kindness of Dr. Walker and his Board of Directors. During the cool weather we have had dancing parties, which have given great satisfaction. Many have attended them who did not care to dance, but who loved to look on, or else to enjoy a game of cards at one side. * * * *

Our thanks are due to the Charitable Mechanic Association for a supply, through Mr. J. P. Bradlee, of tickets to the Fair; and to Dr. J. B. Upham for a constant supply through the year of tickets to the Organ Concerts at the Music Hall; to Mr. Joseph Leonard and to Dr. Durkee of Boston, and to Mr. G. F. Winter of Gloucester, for acceptable additions to our Library, and to Miss D. L. Dix, for music books.

SPINAL IRRITATION.—At a meeting of the Medical Society of the County of New York, held January 17th, Dr. Wm. A. Hammond read a very valuable paper upon *Spinal Irritation*, which will appear in the *Psychological Journal* for April, and should be read by every physician. We give in brief some of its chief points:—

After alluding to the distrust expressed by several distinguished writers, and shared by a large part of the profession, as to the existence of an independent affection which may properly be called "spinal irritation," the speaker stated emphatically his own conviction that there is such a disorder of the spinal cord, by no means rare or unimportant, and no more to be confounded with hysteria or the various other affections which it may simulate, and to which its

symptoms have so often been referred, than with organic disease of the cord. He carefully reviewed the literature of the subject, giving a *résumé* of the more important facts and opinions advanced concerning it, from the introduction of the term by Dr. C. Brown, of Glasgow, in 1828, down to the present time. He then gave his own views, based upon a study of one hundred and twelve cases occurring in his private practice, eighty-three of which had been fully recorded, and twenty-nine less completely.

Symptoms.—(a) Centric symptoms:—1. Tenderness at one or more points over the spinal column, increased by pressure. This symptom Dr. H. regards as invariably present, although sometimes developed only by careful examination, and occasionally appearing only several moments after the pressure is applied. Any case which does not exhibit it, he excludes from the category of spinal irritation. Dr. Austin Flint and others think it may be absent in exceptional cases. The tenderness varies in character from a dull ache, seated in the deeper tissues and developed by strong pressure, to a lancinating pain seated in the skin and subcutaneous areolar tissue, and excited by slight pressure. It varies in degree, from a slight discomfort to a hyperæsthesia rendering the touch of the clothing insufferable. It may be limited in extent to the spot under pressure, or the pain may be propagated along the spinal nerves. The seat of the tenderness is most frequently the dorsal region, but may be the cervical or the lumbar, and it may extend over the whole spine. Each location has its characteristic eccentric symptoms. 2. Pain in the cord. The tenderness above described was external to the vertebral canal. The pain now spoken of is in the cord itself, and therefore cannot be excited (unless in a reflex way, through the former) by pressure on the spinous processes; but it may be excited by percussion, and by motion of the spinal column. The pain is commonly felt near the point of external tenderness, but may be distant from it. It was present in one hundred and nine of Dr. Hammond's cases.

(b) Eccentric symptoms. These constitute the most noticeable ones, and vary in accordance with the part of the cord irritated. Among those occurring in Dr. Hammond's cases are the following, under their respective regions:—1. *Cervical irritation*: Vertigo, headache, tinnitus aurium, visual disturbance, sense of frontal constriction; tenderness of scalp; mental aberration (more or less marked, in every case); in-

somnia or excessive somnolence; neuralgic pains and motor disturbance in parts deriving their nervous supply from the affected region—in scalp and face if this were the upper cervical; in upper part of chest and upper extremities, if it were the lower cervical; nausea and vomiting, but not gastric pain. 2. *Dorsal irritation*: Gastralgia (in every case), gastric flatulence, acidity, nausea and vomiting, pyrosis; palpitation, cardiac oppression, syncope; dyspnoea, cough; intercostal neuralgia, infra-mammary pain (very frequent); motor disorder (spasm or paralysis). 3. *Lumbar irritation*: Neuralgia of lower extremities, and sometimes of back and abdomen; uterine, ovarian, and rectal pain; strangury; tonic spasm of muscles in lower extremities, clonic spasms (occasional in every case), paralysis. The above symptoms are taken from cases where tenderness was located in but a single region of the spine. In those where it was located in both the cervical and the dorsal region, or both the dorsal and the lumbar, the symptoms presented a combination of those characteristic of each region; and in ten cases where the whole spine was tender, they were quite irregular in their manifestations from time to time.

Causes.—Sex is the strongest predisposing cause, ninety-three of the one hundred and twelve cases being females. Age has its effect—fifty of eighty-three cases being between 15 and 25 years. Hereditary influence was ascertained in some instances. The exciting causes are often impossible to fix. Among those determined in the cases reported are mechanical violence, sexual excesses, mental fatigue and anxiety, innutrition, abuse of alcohol and of opium, exhausting diseases.

Pathology.—The essential pathological condition in this affection, Dr. H. considers to be anemia of the cord, and he gives in *extenso* his reasons for this opinion. Other writers have attributed the spinal irritation to congestion, inflammation, and many other conditions. That anemia may cause the irritability, is shown by analogy; and that local anemias may be produced, is explicable with our present knowledge of the vaso-motor function of the sympathetic. The irritation thus established would seem also to have a secondary influence upon the sympathetic, resulting in the visceral disturbances that constitute so important a feature of the disease. The well-known laws of reflex action suffice to explain the effects of pressure, percussion, &c., and the aberrations of sensation and motility.

The *diagnosis*, after rejecting all cases which fail to present the vertebral tenderness, lies between this affection and the other spinal diseases which in their earlier stages may resemble it—chronic myelitis, meningitis and congestion. An early and correct diagnosis is of the greatest moment as a guide to treatment, the indications for which in spinal irritation are quite the reverse of those in the other affections. In a matter of such vital importance we shall not attempt the imperfect abstract our limits would compel, but refer the reader to the paper itself.

The *prognosis* is favorable, all cases being alleviated by persistent treatment, and nearly all being ultimately cured.

Treatment.—The indications are four:—
 “1. To remove the cause. 2. To improve the general tone of the system. 3. To increase the amount of blood in the spinal cord, and improve the nutrition of this organ. 4. To set up a counter-irritant action in the vicinity of the disordered region of the cord. The first indication speaks for itself. The second is met by tonics (as iron, quinine, zinc, cod-liver oil), and especially by alcoholic stimulants. The third, by strychnia, phosphorus, phosphoric acid, opium, heat to the spine, the recumbent posture, and above all the direct (galvanic) current scientifically applied. (The induced current also is of service, applied to the affected muscles where paralysis is present.) Of counter-irritants, blisters and dry cups are to be preferred to antimonial ointment. Wet cups or leeches are inadmissible.—*N. Y. Medical Record*.

STAFF RANK IN THE BRITISH NAVY.—In the *Army and Navy Journal* of the 26th inst. there appeared to be what purported to be an exact statement of the number and rank of medical officers of the navy of Great Britain. By referring to a recent number of the British Navy List we find there are discrepancies in the statements of the *Journal* as compared with those of the official list. For instance, the *Journal* omits entirely 174 surgeons with the rank of Lieutenant-Commander. It also omits to mention that the Director-General of the British Naval Medical Department has the rank and emoluments of a Vice-Admiral. We have a carefully prepared list of the medical officers of the British navy with their rank and pay (in part) as compared with the line of that service. It is as follows:—

Rank and numbers of the Medical Department of the British Navy, corrected to July, 1869.

Sir Alexander Armstrong, M.D., director-general of the medical department of the navy, with the rank of admiral.

Seven inspector-generals of fleets and hospitals, ranking with commodores of the first class, and after three years' service as such, ranking with rear-admirals.

Fifteen deputy inspectors of hospitals and fleets, with the rank of captains, and after five years' service as such to rank with commodores of the second class.

Ninety-seven staff surgeons, with the rank of commander. Pay \$2,190 in gold per year, ashore or afloat. When serving on the flag-ship of a rear-admiral, \$1.25 per day in gold additional. Pay of a commander, with whom the staff surgeon ranks, \$2,165, including table and command money. Pay of staff surgeon of twenty-two years' service, \$2,460, with \$1.25 per diem, in gold, additional when serving on board a flagship.

One hundred and seventy-four surgeons with the positive rank of lieutenants of eight years' standing, corresponding to the rank of lieutenant-commander in the United States Navy, and taking precedence on all occasions, according to date of commission, except when the line lieutenant is in actual command of the ship. Pay of the surgeon, \$1,595. After fourteen years from entry into the service, \$1,815. Pay of lieutenant of eight years, with whom the surgeon ranks, \$1,135. No increase except in actual command of a ship.

Eighty-six passed assistant surgeons, holding positive rank according to date of commissions with lieutenants of under eight years' service as lieutenants. Pay of passed assistant-surgeons, \$1,140 in gold. Pay of the lieutenant with whom he ranks, \$910 a year in gold.

One hundred and fifty assistant surgeons, with the rank of sub-lieutenants, corresponding to masters in the United States navy, and taking precedence with line officers according to date of commission. Pay of assistant-surgeons, \$910 in gold per year. Pay of the sub-lieutenants, with whom they rank, \$500 per year in gold. Sub-lieutenants are steerage officers, assistant-surgeons are ward-room officers.

There are over one hundred vacancies in the medical corps of the royal navy. In the medical corps of the United States navy, numbering only two hundred of all grades when full, there are now fifty-four vacancies, over one-fourth of the whole

corps, and it is impossible to fill them with competent men, owing to the humiliating position in which they are placed by the regulations of the service. In the British navy on board ship, the officers take choice of state rooms according to rank, and "line and staff" are harmoniously blended on both sides of the ward room. In the navy of the United States, the "starboard," or right hand side, is considered the most exclusive and the post of honor, and is occupied wholly by the line officers, while the "staff" are compelled to occupy the "port" or left side of the ship. In the royal navy all officers take rank according to date of commission, and on board ship the commanding officer, i.e., the senior line officer on board, takes precedence of all others, but the executive officer or first lieutenant does not take precedence of staff officers unless he be actually their senior by date of commission. In the United States navy the ship is saddled by an "executive officer," in addition to the commanding officer, who, even though he rank as an ensign only, takes precedence over all the "staff" officers on board regardless of their rank, age and length of years they have served in the navy, thus fully realizing what General Sherman in his recent letter to Admiral Porter considered as objectionable, "two captains on board one ship." The navy of republican America clings to class distinctions long since discarded in the Royal Navy of Great Britain. All this should be done away with.—*Boston Daily Advertiser.*

CHLOROFORM.—Dr. Simpson says that his recent case of death from chloroform is the first which has proved fatal in his practice. Death from asphyxia, or from syncope, may occur in some cases. Dr. Simpson says, death from asphyxia can generally be averted by at once arresting the inhalation of the drug whenever the breathing becomes noisy or stertorous. Death from syncope is far less under control, and has, apparently, been the cause of the majority of the fatal issues mentioned in the journals. Before the introduction of chloroform, patients sometimes died of syncope on the operating table. He gives many where even slight operations, such as opening abscesses, have been followed by death before the introduction of chloroform. Hence, he argues, that probably the fatal terminations in some cases of chloroform are not *always* to be ascribed to the inhalation of the drug. At the various drug manufactories, in Edinburgh, upwards of two millions of doses of

chloroform are manufactured yearly. Dr. Simpson asks whether there is any other potent drug which could be administered with so few fatal results.—*Dublin Medical Press and Circular*.

ACUTE RANULA.—At a recent meeting of the Société de Chirurgie, M. Bouchard related a case of "acute ranula." A woman eight months advanced in pregnancy, while swallowing a glass of wine, felt a tumor suddenly form in her mouth, which in a few minutes had acquired a size sufficient to obstruct the passage of air and threaten asphyxia. He found her in that condition, having both sides of the supra-hyoidean region greatly distended, and with a tumor the size of a large fowl's egg, thrusting back the tongue, and filling the cavity of the mouth, excepting at a small space on the left side. The tumor was livid and fluctuating, and seemed to be caused by effusion under the mucous membrane. On making an opening into it with scissors, the discharge of a considerable quantity of white-of-egg fluid showed that the tumor really was an example of acute ranula. M. Forget, reporting on the case, said that he had also met with a similar case in a lady who, while eating, became the subject of a swelling, which prevented her swallowing, and impeded respiration. On examination he found the buccal floor raised up, but especially along the left side, giving it very much the appearance of a highly distended finger of a glove. A puncture discharged an albuminoid fluid, and restored the normal movements in the parts. The patient had already experienced the same accident while eating three times within six months, but not to the same extent, the inconvenience caused being slighter, temporary, and disappearing spontaneously. In order to prevent the reappearance of the tumor, M. Forget followed up an extensive incision of the wall of the cyst with cauterization by nitrate of silver several times repeated. According to the researches of M. Tillaux ranula is due to the dilatation of one of the secreting conduits of the sublingual gland, which had become obstructed; but M. Forget does not regard this gland and its appendices as the exclusive seat of ranula, which may arise in the canals of the submaxillary and parotid glands, which, like those of the mammary gland, and, indeed, all glandular apparatus, may undergo considerable dilatation.—*London Medical Times and Gazette*.

DEATHS FROM CHLOROFORM—UNREPORTED.

In reckoning up the awful count against the use of chloroform, authors are too apt to forget that unrecorded cases are, possibly, even more numerous than recorded ones. Thus, in the last five years, several have come within the knowledge of the writer in this city, which have never been reported, whilst he does not know of a single recorded case. These remarks were suggested by the following, published under the head of "Two Unreported Deaths from Chloroform," in the *Pacific Medical and Surgical Journal* for July:—

STOCKTON, Cal., June 22, 1869.

DR. HENRY GIBBONS, JR.,—*Sir*:—In your report of fifty-seven cases of deaths from chloroform, you refer to the Surgeon General's Circular, No. 6, wherein it appears that seven deaths were all that occurred under chloroform in the army. There is a mistake somewhere, in the omission of one other case, which was reported by Surgeons Sabine, Bond and myself, who were of the operating corps at that time. It occurred in the summer of 1863, in front of Atlanta, Georgia. The patient was a robust soldier, belonging to the 76th Ohio Infantry, aged about 30. He was to undergo an amputation of a portion of one hand. Chloroform was given in the usual way. He had not taken more than six inspirations before the breathing became difficult and stertorous; the pulse ceased, and in a few moments he was dead. Artificial respiration and all other means tried were of no avail. A *post mortem* the next day revealed nothing. Death was thought to be owing to paralysis of the heart. A. T. HUDSON, M.D.

In a recent conversation with Dr. E. Bently, U.S.A., in regard to "unrecorded deaths from chloroform," he mentioned the particulars of a case which came within his knowledge while in private practice in the summer of 1855. A strong, robust man, aged about 40 years, who indulged in occasional fits of intemperance, fell and dislocated the head of the humerus. Three days after—the patient meanwhile becoming quite sober—the physician in attendance sent for Dr. Bently to reduce the dislocation, and while the latter was making proper preparation, chloroform (amount not known) was poured upon a sponge and held to the nostrils. After a few inhalations, unconsciousness ensued, and with the heel in the axilla, the head of the humerus was replaced with an audible snap. Immediately thereafter the face became livid and death took place from asphyxia.—*Half-yearly Comp. Med. Sci.*

Medical Miscellany.

MORAL PARALYSIS.—Dr. Faust learns through Mephistopheles that some of the newspaper cases of alleged involuntary chloroformization might be called instances of *moral paralysis*.

A DISTINGUISHED practitioner at home, complains that an eminent physician abroad did not, in certain remarks upon chloroform, sound the superior praises of ether; and the gist of the reply is that the Boston monument lacks an inscription. —*N. Y. Medical Gazette*.

Unjust to both parties! Do please, Brother *Gazette*, read the controversy!

DETECTION OF CHLOROFORM IN THE CADAVERS.—Dr. Thomas Stevenson, in *Guy's Hospital Reports (Half Yearly Abstract)*, refers to a death from inhalation of chloroform, the patient being a powerful, muscular man, who was to have the tendo-achillis cut for deformity. He took it at his own request, though, as it was afterwards ascertained, he had nearly died eight years before from inhaling it. The solid and fluid parts of the body were subjected to analysis in order to detect chloroform. The process of Duroc was employed, by which the chloroform is decomposed into chlorine, hydrochloric acid and other products, and the two first named substances are absorbed by nitrate of silver, giving rise to white chloride of silver. The result showed the presence of the agent. Dr. S. remarks that this is the only English case that he knows of where chloroform was detected in the human body after death by inhalation—a statement which may be considered in connection with the discussion on the subject by the San Francisco Medical Society, as reported in the present number of the *Journal*.—*Pacific Medical and Surgical Journal*.

VARICOSE DILATATION OF LYMPHATICS.—M. Trelat has recorded a remarkable case of varicose dorsal lymphatics of the penis, which arose as follows:—A healthy man, aged 26, accidentally struck severely the dorsum of the penis against the corner of a table. The contusion was followed by dense edema of the organ and of the scrotum. Several little tumors formed, with some relief to the pain, and on opening them a jet of fluid appeared, which, both to the naked eye and on microscopic examination, proved to be lymph, showing that a remarkable dilatation of the lymphatic vessels had taken place, tantamount, in fact, to a varicose condition.

Such a condition has been previously noticed by Ricord, Demarquay, and others, and specially commented on in the thesis of M. Binet.—*Dublin Medical Press and Circular*.

WARNING TO MEDICAL PRACTITIONERS.—A pupil in one of the Dublin hospitals, having occasion a few days ago to apply strong nitric acid to a diphtheritic surface, employed as the medium a piece of lint which had previously been used with carbolic acid, and which he supposed to have been thoroughly cleansed by subsequent washing. No sooner, however, had the lint been dipped in the

nitric acid, than a violent explosion took place, severely burning the operator's face. We are happy to hear that no serious consequences are likely to result, though these were at first apprehended, but the occurrence is instructive, and worth recording as a caution in dealing with such agents.—*London Medical Times and Gazette*.

MEMBERS of the profession interested in Diseases of the Eye are invited to visit the Ophthalmic Clinique of the Boston City Hospital, at their convenience, on Mondays, Wednesdays and Fridays, from 9 to 11 o'clock.

HENRY W. WILLIAMS, M.D., Oph. Surgeon.

TO CORRESPONDENTS.—Communications accepted:—Tetanus—Exophthalmos, &c.—Cold Water in Typhoid—Injuries of Membrana Tympani—Position of Fetus in Utero—Chloral in Chorea Hysterica—Ovaritis—Lesions of Base of Brain—Feeding Babies.

BOOK RECEIVED.—A Practical Treatise on the Diagnosis, Pathology and Treatment of Diseases of the Heart. By Austin Flint, M.D. Philadelphia: Henry C. Lee. 2d Edition. Pp. 650.

Deaths in nineteen Cities and Towns of Massachusetts for the week ending March 19, 1870.

Cities and towns.	Number of deaths in each place.	PREVALENT DISEASES		Scar. Fet.
		Consumption.	Diphtheria.	
Boston	105	15	15	3
Charlestown	7	5	1	0
Worcester	11	2	0	0
Lowell	18	5	3	1
Milford	1	0	0	0
Chelsea	10	2	1	1
Cambridge	15	3	2	0
Salem	12	4	2	1
Lawrence	10	2	0	0
Springfield	10	2	0	0
Lynn	7	2	0	0
Pittsfield	1	0	0	0
Gloucester	8	2	0	0
Fitchburg	4	1	0	0
Taunton	7	1	2	3
Newburyport	4	2	1	0
Somerville	6	1	1	0
Fall River	11	2	2	0
Haverhill	3	1	0	0
	250	62	30	9

Lowell reports two deaths from smallpox. Worcester reports one death from smallpox. Boston reports one death from smallpox. Seven deaths from measles are reported, of which number four were in Lowell. From all the above places there are reported eight deaths from croup, three from diphtheria, six from erysipelas, and four from typhoid fever.

GEORGE DERRY M.D.,
Secretary of State Board of Health.

DEATHS IN BOSTON for the week ending March 19, 105. Males, 55—Females, 53.—Abcess, 1—inflammation of the bowels, 2—congestion of the brain, 2—disease of the brain, 2—inflammation of the brain, 2—bronchitis, 4—cholera infantum, 1—consumption, 15—convulsions, 5—croup, 4—cyanosis, 1—debility, 3—diarrhea, 2—diphtheria, 1—dropsy, 1—dropsy of the brain, 3—dysentery, 3—erysipelas, 3—scarlet fever, 3—typhoid fever, 3—gastritis, 2—hemorrhage, 3—disease of the heart, 6—disease of the kidneys, 4—congestion of the lungs, 2—inflammation of the lungs, 13—marasmus, 1—measles, 1—noma, 1—old age, 1—paralysis, 2—premature birth, 2—smallpox, 1—disease of the spine, 1—suicide, 1—teething, 1—unknown, 3.

Under 5 years of age, 49—between 5 and 20 years, 7—between 20 and 40 years, 24—between 40 and 60 years, 12—above 60 years, 14. Born in the United States, 78—Ireland, 16—other places, 11.